

WTAMU Medical Services

Patient Education Handout

Pap Smear Information

Terminology/Reports

1. **Negative:** This is a negative smear with no abnormal or unusual cells seen. The smear is clean and clear of any inflammatory cells and is easy for the pathologist to read as not having any evidence of malignancy (cancer).
2. **Atypical(ASCUS):** This is further broken down into two terms: atypical squamous cells, cannot exclude high-grade lesion (ASC-H) and atypical squamous cells of uncertain significance (ASC-US). With these smears, it is more difficult for the pathologist to unequivocally say that it is negative. There may be evidence of regeneration of cells on the cervix or changes in the cells related to infections or the trauma of childbirth. Depending on other descriptions the pathologist uses, you may need treatment for infection, a repeat Pap smear, special DNA testing, observation, or further diagnostic testing with colposcopy. Your doctor will tell you what steps to take. Some type of follow-up is needed.
3. **Low grade squamous intraepithelial lesion(LSIL):** this classification is for abnormal cells, which may be considered to have mild “pre-malignant” potential. This same category would be used if there is any sign of the human papilloma (Wart) virus (HPV). Dysplasia is a precancerous change and this finding requires further evaluation. If left alone, these changes may revert to normal, may stay the same, or may progress to malignancy over a period of years. The interval for the development of malignancy from dysplasia is variable, but commonly felt to be as little as 3 or most likely as long as 10 years. Office colposcopy, a special technique using a microscope to look at the cervix, will probably be recommended. Biopsies will be performed. If only mild changes are confirmed, usually no treatment is required. However, more frequent Pap smears will be needed. In some instances of large lesions or persistent changes, treatment will be recommended.
4. **High Grade Squamous intraepithelial lesion(HSIL):** This classification is indicative of a more advanced precancerous change. The changes in the cells are severe enough to warrant very prompt and complete evaluation with colposcopy. Treatment with freezing or excision of the abnormality is usually needed.
5. **Cancer:** This classification indicates a high probability of cancer and again, warrants prompt and complete evaluation to determine the extent of the problem. A plan of treatment for best results can be determined.

Modern research has now shown that the genital wart virus (human papilloma virus (HPV), causes cervical cancer. This virus is very contagious--with just one sexual contact there is an 80% chance of becoming infected. Be sure to tell your physician if you or your partner has or did have genital warts. Unfortunately, only about 20% of genital warts can be seen without using special techniques. The remaining 80% must

be stained with vinegar and properly evaluated to be seen. If a woman has warts in her vagina or around the external genitals, there is a 75% to 80% chance she has changes on her cervix.

It takes 10 days to 2 weeks to get the pap results back. Please call our office if you have not heard from us in 2 weeks time.

High risk Factors for developing Cervical Cancer

You are in a higher risk group for developing cancer of the cervix if:

- You have had more than three sexual partners in your lifetime.
- You first had sexual intercourse before the age of 18.
- You have had genital warts or other venereal diseases.
- A sexual partner of yours has had intercourse with a woman who developed cervical cancer or abnormal Pap smears, or had genital warts.
- You smoke or your partner smokes.
- Your mother took DES during pregnancy with you.
- You have had a previous Pap smear that showed abnormal or suspicious cells.
- You have a poor diet (less than five helpings of fruits and vegetables per day).
- You have AIDS or other conditions that suppress your immune system.

Only a small percentage of women are classified as low risk. The vast majority of women have one or more of the above and are therefore considered at much greater risk for developing cancer of the cervix. Due to this trend, most women should be screened at least once a year, as a general rule, to ensure early diagnosis of the disease.

The wart virus is spreading rapidly. New cases of genital warts now outnumber new cases of gonorrhea and chlamydia combined. Discuss any concerns you might have with your doctor or nurse practitioner.

To Improve your Pap Smears.

1. Do not douche for 3 days prior to your appointment.
2. Do not have intercourse for 3 days before your appointment.
3. Schedule your appointment when you are not bleeding.
4. If you have an unusual discharge, tell your doctor so this can be treated before your Pap.
5. Tell your doctor or nurse practitioner of any risk factors you may have.

To Prevent Cervical Cancer

1. Be monogamous (stay with one partner).
2. Don't Smoke (Your partner either).
3. Eat five helpings of fruit and vegetables per day (the more green, red, orange, yellow the better).
4. Take multivitamins with folic acid,
5. Get regular Pap smears every year.
6. Wait until at least age 21 before having sex.